

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Comprehensive Medical and Dental Program (CMDP) Title XIX Services
Eligibility Unit, Site Code 942C
P.O. Box 29202 • Phoenix, AZ 85038-9202
602 351-2245 or 1-800-201-1795

CMDP DISENROLLMENT INFORMATION FORM

Please Note: This document **must be** completed on behalf of each child leaving CMDP coverage.

Mail To Address: CMDP Title XIX Eligibility Unit P.O. Box 29202 Phoenix, AZ. 85038-9202 Fax: (602) 264-3801 Phone: (602) 351-2245 Ext.	Notifying CMDP Contact Name: _____ Telephone No. _____ <input type="checkbox"/> ADJC <input type="checkbox"/> _____ CJPD (AOC/JPO) <div style="text-align: center; margin-left: 150px;"><i>(County)</i></div>
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CHILD'S INFORMATION

CHILD'S NAME <i>(Last, First, M.I.)</i>			DATE OF BIRTH	
SOC. SEC. NO.		PLACE OF BIRTH		DATE OF RELEASE
ATTACHED COPY OF CERTIFIED BIRTH CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No		ATTACHED IDENTITY INFORMATION <input type="checkbox"/> Yes <input type="checkbox"/> No
PROBATION OFFICER'S NAME			PROBATION OFFICER'S PHONE	
PROBATION OFFICER'S ADDRESS <i>(No., Street, City, State, Zip)</i>				

TERMINATION REASONS

<input type="checkbox"/> Detention (Please send AHCCCS Notification of Children in Detention Form to the CEU)		
<input type="checkbox"/> Age of 18 years old	<input type="checkbox"/> Return to parent	<input type="checkbox"/> Other
NEW ADDRESS FOR CHILD <i>(No., Street, City, State, Zip)</i>		

HEAD OF HOUSEHOLD

NAME		RELATIONSHIP
DATE OF BIRTH	SOC. SEC. NO.	

CMDP & FAA Office Use only for Exparte

IS CHILD ELIGIBLE FOR EXPARTE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DATE SENT TO R & A
CMDP TERM DATE	HEALTH PLAN CHOICE

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